

KEY AREAS FOR CONSIDERATION WHEN PLANNING VACCINATION CLINICS FOR COVID-19

The purpose of this guidance is to assist Local Health Departments in planning for vaccine distribution in response to the COVID-19 pandemic. Information contained in this document is based on limited and preliminary guidance from the Centers for Disease Control and Prevention (CDC) and the Advisory Committee on Immunization Practices (ACIP) and will be updated as that guidance evolves. All information in this document is subject to change.

Leadership and Staffing

Establish a staffing plan and identify functional roles and responsibilities for each clinic. Not all functions may be necessary for all clinics. Staffing plans should be scalable to the expected number of people who will be vaccinated. In some instances, such as small clinics, a staff member may be able to perform multiple tasks. Functional roles and responsibilities for large-scale clinics (e.g., “Vote and Vaccinate” campaigns or multi-day events held at large arenas or stadiums) will require additional consideration.

Clinical Staffing

Additional staff may be needed to:

- Help enforce physical distancing measures.
- Clean the facility frequently.
- Provide IT support for online processes, including registration, scheduling, screening for eligibility, contraindications, and precautions, obtaining insurance information, providing vaccine information statements or emergency use authorization (EUA) forms, etc. This process can help avoid repeated use of materials (such as pens and keyboards) and cut down the time a patient is in the clinic.

Clinical Areas

Infection Control: During the clinic, ensure physical distancing and enhanced infection control measures are in place and implemented. Measures include:

- Cleanse and disinfect vaccination stations at a minimum every hour, between shifts and if station areas become visibly soiled. Incorporate other [CDC/EPA guidance](#) as appropriate for your clinic circumstances.
- Ensure all patients and accompanying attendants wear a cloth face covering or face mask that covers the nose and mouth. If a patient or attendant is not wearing a cloth face covering, ensure face coverings or face masks are available. (Note: Face coverings should not be placed on a child under 2 years of age, anyone who has trouble breathing, or anyone who is unconscious, incapacitated, or otherwise unable to remove the mask without assistance.)
- Ensure staff is wearing appropriate personal protective equipment ([PPE](#)).
- Ensure supplies such as tissues, hand sanitizer, and wastebaskets are readily accessible throughout the clinic.
- [If gloves are worn by those administering vaccine](#), they should be changed, and hand hygiene should be performed between patients.
- Make sure there are signs, barriers, and floor markers throughout the clinic to instruct patients to maintain 6 feet of distance from others and promote use of hand hygiene, respiratory hygiene, and cough etiquette.

- Provide extra cleaning and sanitizing support. Frequently clean and disinfect all patient service counters and patient contact areas, including frequently touched objects and surfaces such as workstations, keyboards, telephones, and doorknobs.

Preparing for and Managing Potential Anaphylaxis: During the clinic, ensure appropriate medical treatment for severe allergic reactions is immediately available in the event that an acute anaphylactic reaction occurs following administration of an mRNA COVID-19 vaccine. See the following resources for additional information:

- [Preparing for the Potential Management of Anaphylaxis After COVID-19 Vaccination](#)
- [Rapid Overview: Emergency Management of Anaphylaxis in Adults](#)
- [Medications and Supplies for Assessing and Managing Anaphylaxis](#)

The CDC currently recommends that persons who receive an mRNA COVID-19 vaccination be observed after vaccination for the following time periods:

- 30 minutes: Persons with a history of an [immediate allergic reaction](#) of any severity to a vaccine or injectable therapy and persons with a history of anaphylaxis due to any cause.
- 15 minutes: All other persons.

Any adverse events that occur in a recipient following COVID-19 vaccination, including anaphylaxis, should be reported to the Vaccine Adverse Event Reporting System (VAERS).

Supplies and Materials

Protection must be available for staff and patients. [Supplies](#) required during the COVID-19 pandemic include:

- Alcohol-based hand sanitizer with at least 60% alcohol and hand soap
- Cleaning supplies for more frequent cleanings, using [EPA's Registered Antimicrobial Products for Use Against Novel Coronavirus SARS-CoV-2](#)
- [Face coverings](#) for patients who arrive without one
- [PPE](#) for staff, including face masks, gloves, and eye protection, based on [current guidance for the safe delivery of vaccination services](#)
- Thermometers for checking patients' temperatures before they [enter the clinic](#), if required
- Tissues

*Note that quantities may be more than was needed prior to the pandemic.

For a more detailed supply checklist, see the [Satellite, Temporary, and Off-Site Vaccination Clinic Supply Checklist](#).

COVID-19 Vaccine Reporting and Inventory Tracking Requirements

Vaccine Administration Reporting: Adhere to all requirements outlined in the CDC COVID-19 Vaccination Program Provider Agreement including documenting all doses administered in VAMS within 24 hours of administration. Please visit <https://www.cdc.gov/vaccines/covid-19/vaccination-provider-support.html> for additional information.

Inventory Tracking: Report supply information daily to VaccineFinder using the online "COVID Locating Health" Provider Portal per your organization's guidelines. Organizations determine whether they will report daily on-hand inventory on behalf of all their provider locations (e.g., a clinic headquarters office

reporting on behalf of satellite clinics), or whether individual provider locations are responsible for reporting this information. For additional information, please visit <https://vaccinefinder.org/covid-provider-resources>.

Training Considerations

During the COVID-19 pandemic, all staff should be trained on when to use PPE, what PPE is necessary, how to properly don (put on) and doff (take off) PPE, and how to properly dispose of PPE.

Vaccination Clinic Layout Considerations

Physical distancing practices must be integrated into clinic flow and setup, including:

- A screening station at the entrance for temperature checks (if required) and any screening questions for COVID-19.
- Vaccination stations should be at least 6 feet apart, and clinic flow should be one way and allow maintenance of 6 feet between individuals whenever possible, including in all waiting areas.
- Signage, banners, and floor markers to instruct patients to remain 6 feet apart from other patients and clinic staff and to move clinic flow in one direction.
- Hard plastic barriers at patient contact areas, as appropriate, to provide barrier protection, and consider desks and counters at registration and screening areas to minimize contact.
- [Visual alerts](#) such as signs and posters at entrances and in strategic places to provide instructions on hand hygiene, respiratory hygiene, and cough etiquette.
- Signage or staff to ask patients waiting to be seen to remain outside (e.g., stay in their vehicles, if applicable) until they are called in for their appointment or set up triage booths to screen patients safely to help reduce crowding in waiting areas. Provide adequate covered space, taking weather into consideration, for those asked to wait outside.

Additional Considerations

- Regardless of the site type (i.e., walk-through, curbside, drive-through, or mobile clinic), temporary locations must have sufficient capability to accommodate physical distancing, inventory management, and appropriate personal protective equipment (PPE) for staff and face coverings for patients.
- Clinic locations and processes that were successful in previous years might not be appropriate during the COVID-19 pandemic because of the need for enhanced safety precautions. Even if the same space is used, it will likely need to be set up and function differently because of COVID-19 requirements.
- Consider conducting appointment-only temporary clinics held in schools, churches, and pharmacies. Smaller clinics can be laid out more efficiently and serve fewer people to help reduce exposure risk for staff and patients. Large-scale clinics, particularly those held indoors, may not be feasible during the COVID-19 pandemic because they might be difficult to implement under guidance for physical distancing. [Curbside and drive-through clinics](#) may provide the best option for staff and patient safety during the COVID-19 pandemic.
- For walk-through clinics, it's important to establish line queues that maintain separation between individuals or to ask individuals to wait in their vehicles or another location until called. Clinic flow should be one way. Individual sites will have benefits and limitations and that site assessments will be required prior to use.
- Consider using online or phone options for scheduling appointments and completing paperwork, when possible. Such processes should include registration, obtaining insurance information, and

billing (if needed), screening for contraindications and precautions, and texting or emailing vaccine information statements (VIS) or emergency use authorization (EUA) forms.

- Consider developing a “stand by list” or “waitlist” with contact information for vaccination in order to utilize vaccines in the event that persons who are signed up initially do not show.



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